RCH

District Level Implementation Guidelines.

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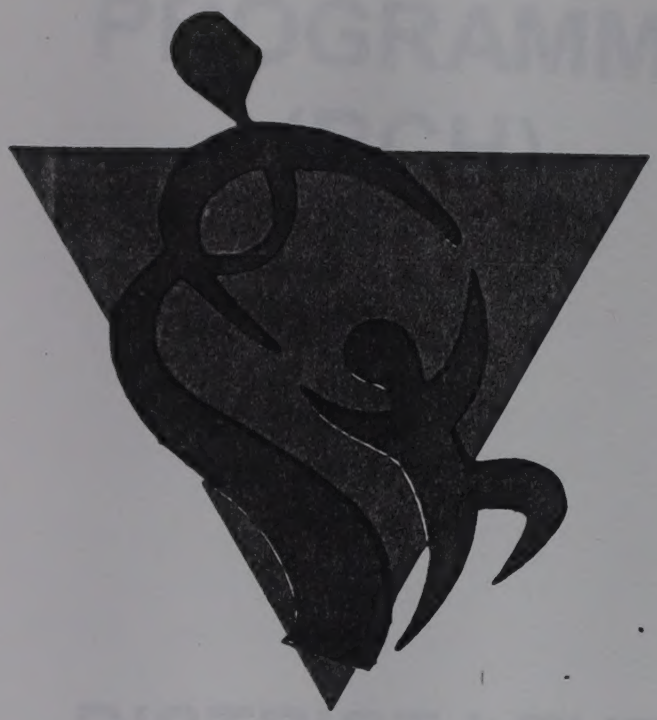
REPRODUCTIVE AND CHILD HEALTH SERVICES PROGRAMME (RCH)



DISTRICT LEVEL IMPLEMENTATION GUIDELINES

RCH PROJECT BUREAU
D H & F W S., ANANDA RAO CIRCLE, BANGALORE - 9
APRIL 1999

GOVERNMENT OF KARNATAKA

REPRODUCTIVE AND CHILD HEALTH SERVICES PROGRAMME (RCH)

DISTRICT LEVEL IMPLEMENTATION GUIDELINES

STATE FAMILY WEFLARE BUREAU
D H & F W S., ANANDA RAO CIRCLE, BANGALORE - 9
APRIL - 1999

REPRODUCTIVE AND CHILD HEALTH SERVICES (RCH) PROGRAMME IN KARNATAKA

POLICY ISSUES :

National Family Welfare Programme Constitute a major programme of Health sector and it will continue to retain its priority as it is intimately related to socio-economic development.

National Family Welfare Programme is an integral part of the overall Health Policy/Programme which has been formulated in the light of "Alma-Ata" declaration of achieving "Health for all by 2000 AD". The major goals to be achieved are, to reduce the Birth rate to 21. Death rate to 9, infant Mortality Rate below 60,. Couple Protection rate above 60%, Maternal Mortality rate to less than 2.

Karnataka Government has adopted the objective of stabilizing the Population growth through, Family Welfare Programme which aims at promoting " Two Children Norm" and achieving a net reproduction rate of one by 2000 AD.

MCH and Family Planning services are being rendered through 8143 subcentres, 1601 primary Health Centres, 103 Post Partum Centres and also through various voluntary organization and corporations.

The Family Welfare Programme is being effectively implemented in the state since 1960's in the form of services to the child such as new born care, Immunization services Diarrhoea control, Pneumonia Control, Vitamin 'A' Prophylaxis. and services to the mother in the form of antenatal care, including immunization. Natal care, post natal care, and Family Planning Methods. To enhance the Demand generation, information, education and communication activities are being taken up.

The recent SRS estimates (1997) has revealed that as against a National Crude Birth Rate of 27.4 and an Infant Mortality rate of 72,. Karnataka has recorded a crude birth rate of 22.7 and an Infant Mortality rate of 53. 20 pt reduction in 6 yrs.

Paradigm Shift :

In view of findings from National Family Health Survey (1992-93) ICPD conference at CAIRO (1994) and World Bank report (1995), the earlier Family Welfare Programme which was implemented as segregated schemes will be implemented as integrated Package of services under the banner Reproductive and Child Health (RCH) services as a life Cycle approach incorporating the Decentralized participatory planning Target Free Approach (TFA) from 1995-96 and the same restructured community needs assessment approach (CNA) from Sept.97 continued through the 9th five year plan.

THE PAST :

For over 30 years Family Welfare Programme was known for its rigid, target based approach in contraceptives. The performance was measured by the reported numbers of the four contraceptive methods-Sterilization, Intrauterine device, Oral pills and Condoms. This was widely criticized for being a coercive approach.

The 1994 Cairo International Conference on Population and Development (ICPD) formulated a growing International consensus that improving reproductive health and family planning is essential to human welfare and development.

A growing body of evidence and the Cairo consensus suggest ***"Numerical method specific contraceptive target and monetary incentives"*** for providers to be replaced by a broader system of ***"programme performance goals"*** and measures focused on a range of reproductive health services.

The World Bank report-1995 concludes that, the current contraceptive "Target and Incentive" system gives a demographic planning emphasis to family welfare programme (FWP) which is antithetical to the reproductive and child health (RCH) client centered approach advocated in the GOI-ICPD country statement for the Cairo conference. In particular emphasis on numerical targets is a major reason for the lack of attention to the individual client needs and is detrimental to the quality of services provided.

Family Welfare Programme to Reproductive Child Health :

The paradigm shift : To date the impact of Family Welfare Programme has been measured in terms of their contribution to increase contraceptive prevalence and to decrease fertility. These indicators are inadequate for measuring the impact of reproductive Health Programme and therefore, new indicators for monitoring reproductive health services and "Service Quality" from the perspective of the client are urgently needed.

Over the past decade there has been a clearer articulation and definition of reproductive health as a concept and some thinking on the ways in which reproductive health problems should be addressed.

Against this background the main recommendations of the World Bank report on the Indian Family Welfare Programme (FWP) is that the programme is to be re-oriented expeditiously to a Reproductive and Child Health approach (RCH). The main objective of which would be to meet individual client health and family planning needs and to provide high quality services.

The principle goal of a reproductive health programme is to ***" Reduce unwanted fertility "*** safely there by responding to the needs of the individuals for ***"High quality health services"*** as well as to the demographic objectives.

The report recommends that the targets be replaced by a broad set of performance goals and greater emphasis on ***"male contraceptive methods"*** especially vasectomy and condoms and greater choice of methods.

" Government goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals should not be imposed in family planning providers in the form of targets or quotas"

-World Bank - 1995

The trend of health programme should change from a "Population Control Approach" of reducing number to an approach that is "Gender Sensitive and Responsive" client based approach of addressing the reproductive health needs of individuals, couples and families.

Reproductive Health Programmes should aim to reduce the burden of unplanned and unwanted child bearing and related morbidity and mortality.

The specific programmes under Reproductive and Child Health services are :

1. Prevention and management of unwanted pregnancies

2. Maternal care
   a) Ante-natal services b) Natal services c) Post-natal services

3. Child Survival

4. Treatment of Reproductive Tract Infections (RTI) &
   Sexually Transmitted Infections (STI).

Reducing the 'unmet need' increasing 'service coverage' and ensuring 'quality of care' will be the focus of implementation.

Management of RCH Programme

1. The child Survival and Safe Motherhood Programme which was implemented as a part of 100% Centrally Sponsored Family Welfare Programme in the entire country including Karnataka State since April 1992, concluded officially on 30th September 1996.

2. Following the acceptance of the recommendations of the International Conference on Population and Development held in Cairo 1994, the hitherto segregated programs will be converged to ensure an effective Reproductive and Child Health (RCH) package. Family Welfare in true spirit is proposed to be transformed into a people's programme.

3. Therefore, the Ministry of Health and Family Welfare, Government of India has planned, developed and launched Reproductive and Child Health Project with financial assistance from the World Bank and European Community (EC).

4. This project will be implemented for 5 years from April 1997 with emphasis not only on child survival and safe mother hood activities but also on prevention and management of unwanted pregnancy and prevention and management of reproductive tract infections and sexually transmitted diseases as new items.

5. Implementation of the package of RCH Services in the State would be through 2 modalities:

a) Sub-project OR Local Capacity Enhancement (LCE) in areas with special needs of a District- Bellary district

b) National Component:- as additional inputs to all the 20 districts.

6. A tentative outlay of Rs. 190.10 crores as Cash and Kind assistance have been indicated by Government of India for this Programme to Karnataka State for five years out of which Rs.15.05 crores is for the sub-project in Bellary district.

* * *

Sub-Project-Bellary District : An Implementation Plan for Sub-Project-Bellary district has been formulated costing Rs.15.05 crores and this has been approved by Government of India and the World Bank.

The physical and financial phasing also has been done for the coming years starting from 1997-98 to 2001-02. Various activities under capital expenditure such as civil works, procurement of equipments and furniture, vehicles, mounting IEC activities, training programme, monitoring and evaluation, Consultancy and NGO support and activities under recurring expenditure such as salaries, contractual services, drugs and supplies, operating cost have been identified.

As regards civil works, it is proposed to construct 76 subcentres and 10 Primary Health Centres. 11 primary Health Units will be upgraded to Primary Health Centres and also 4 maternity homes will be upgraded to 20 bedded maternity annexes to improve Family Welfare & MCH services in Bellary Town.

* * *

National Component : Under National Component, various activities will be initiated in a phased manner in the districts which have been categorized into 'A' 'B' & 'C' depending upon the crude birth rate, female literacy rate and backwardness.

These activities include appointment of Consultants,. continuation of CSSM programme activities, Essential Obstetric Care, Guaranteeing 24 Hours Delivery Services, Facilities to strengthen Medical Termination of Pregnancy, Minor repair works and also Intensification of IEC activities and Strengthening of MIES.

* * *

Implementation Of RCH Programme In Karnataka State

State Government Order has been issued to this effect (No.HFW 96 FPR 95 dated 17-6-1998).
According to this.

Reproductive & Child Health Programme will be implemented in the State as a 100% Centrally Sponsored F. W. Programme during the Ninth Five Year Plan ending by 2000-2002 A.D.

The funds will flow from Government of India through 'State Finance Department'
The programme will be implemented as a National component and Sub Project - (Bellary Dist.)
Posts created under CSSM Programme will be continued under RCH budget. Procurement will be made through KHSD Project.

vil Works will be done through IPP-IX Project.

he Empowered Committee & a Steering Committee will monitor, guide and solve the roblems of implementation of RCH Programme.

The following posts have been redesignated :
Additional Director (FW&MCH) : **Project Director (RCH**

Joint Director (FW) :**Joint Project Director (RCH)**

District MCH Officer :**Dist. RCH Officer**

* * *

Category Of Districts : The RCH Programme will be implemented in the State based on differential approach. Inputs in all the districts have not been kept uniform because efficient delivery will depend on the capability of the health system in the district. Therefore basic facilities are proposed to be strengthened and streamlined specially in the weaker districts as the better-off districts already have such facilities and the more sophisticated facilities are proposed for the relatively advanced districts which have acquired capability to make use of them effectively. All the districts have been categorized into : Category 'A'-3 districts, Category 'B'-11 districts, Category 'C'-6 districts.

On the basis of crude birth rate and female literacy rate which reasonably reflect the RCH status of the State, the districts will be covered in a phased manner over three years. Category wise phasing of the districts are as follows:

RCH Project - Phasing Of Districts :

YEAR 1 (9)	CAT 'A' (2)	(A1) Dakshina Kannada	(A3) Mandya
	CAT 'B' (4)	(B2) Uttara Kannada (B10) Belgaum	(B5) Chikkamagalur (B11) Dharwad
	CAT 'C' (3)	(C1) Bijapur	(C3 Bidar) (C4) Gulbarg
YEAR 2 (8)	CAT 'A' (1)	(A2) Kodagu	
	CAT 'B' (4)	(B1) Hassan (B7) Mysore	(B3) Bangalore (R) (B4) Tumk
	CAT 'C' (3)	(C2) Bellary (sub-project)	(C5) Raichur (C6) Banga
YEAR 3 (3)	CAT 'A' (0)	--	
	CAT 'B' (3)	(B6) Shimoga	(B8) Kolar (B9) Chitra
	CAT 'C' (0)	--	

REPRODUCTIVE AND CHILD HEALTH PROGRAMME
DISTRICT LEVEL IMPLEMENTATION GUIDELINES

I. DECENTRALIZED MANAGEMENT :
(COMMUNITY NEEDS ASSESSMENT APPROACH - CNA)

I. INTRODUCTION :

RCH approach has been built upon the participatory planning approach that was initiated in 1996-97. The participatory planning approach is intended to identify Reproductive and Child Health needs of the communities and clients and the Target Free Approach manual is an instrument to assist this process. Target Free Manual which has been renamed as Community Needs Assessment Manual has been revised in order to simplify the messages and contents and is being made available to all districts for distribution among all health facilities and workers. On the basis of community needs assessed by the health workers, Subcentre Action Plan need to be prepared annually. This process will invoive discussion and approval of supervisor of the health worker (LHV/MO). Similarly PHC Action Plan incorporating the Subcentre Action Plan will be prepared under the supervision of the next supervisory officer. The PHC Plans will form an integral part of the District Plan would be one of the performance indicator.

a. Community Needs Assessment Approach is the first and foremost component of RCH Programme and is an important milestone in the history of F.P. Programme/Population Stabilisation.

b. It is the new name given to 'TFA' in view of the misconception and misunderstanding - unintentional and intentional - of the philosophy and spirit of 'Target Free Approach' as a license for inaction and inertion.

c. It ushers in a paradigm shift in the implementation of F.P. Programme from a centralised, target-oriented planning system to client-oriented, demand-driven, quality-services decentralised participatory planning system.

d. It is a product of intense deliberations at national and international levels.

e. It attempts to clear the confusion created by the name "TFA" and paves the way for greater voluntary community acceptance of fertility regulation and related MCH services.

II INDISPENSABILITY OF THE APPROACH

The adoption and promotion of the CNAA is essential because :

a. There is a commitment in this regard. The very first indicator of performance under RCH is the % of district plans based on community's needs and not on normative basis

b. There is considerable unmet need for F.W. Services inspite of a vast network of institutions and an army of officers and workers for various reasons

c. Involvement of community right from the planning stage alone can ensure higher level of acceptance of services and consequent impact in the community's RCH status.

III IMPLEMENTATION :

The CNAA implementation has 3 facets. They are :

a Preparation of Annual Action Plans in Form Nos.1-5

b Reporting monthly progress in Form Nos.6-9

c Evaluation :
1. District Survey :

2. Facility Survey : By independent Agencies

3. Inspection/Supportive Supervision at planning, implementation and monitoring stages by Official superiors

IV PREPARATION OF ACTION PLANS

INPUTS

a Previous (Good/Normal) years performance

b Estimated Needs based on Norms (population, birth rate etc.,)

c Needs estimated on the basis of House hold survey

d Consultation with the community, colleagues and Higher Officers/Superiors.

GUIDELINES :

The next year needs / plan must be in the range of last years performance and an add on ranging from 5% to 25% . However this is not a rule and may have a few exceptions.

2. STAFF SALARY :

In the Government Order No.HFW 96 FPR 95 Bangalore dated 17-6-1998, the staff sanctioned during UIP Programme from 1985 to 1991 and continued under CSSM Programme from April 1992 have been further continued under RCH Programme.

The expenditure towards staff salary and other allowances of District RCH Officer, Statistical Investigator, Refrigerator Mechanic, Clerk-cum-Typist and Drivers should be borne under the head of account - Direction and Administration under 2211 - Family Welfare Programme. This is applicable only to 20 districts as there are no creation of these posts in 7 (seven) new districts

- Similarly POL for vehicles under UIP/CSSM should be met under maintenance of Family Welfare vehicles budget.

- There will be no expenditure towards reporting fee, Dai training and Mother meetings etc.,

- No expenditure towards contingencies for stores/Kerosene. This has to be met under State Plan.

- Repairs, Supply/Replacement of cold chain equipments will be taken up from the State level wherever required depending upon the budget and supply position from the centre or funds will be released for repairs wherever required and if found necessary.

3. DRUG & EQUIPMENT KITS :

The following kits and drugs will be supplied under the programme. (vide Annexure)

Subcentre Level	- Drug kit 'A'
	- Drug kit 'B'
	- Midwifery kit
	- Subcentre equipment kit
PHC level	- PHC equipment kit
CHC/FRU Level	- Equipment kit 'E' to 'P'

These kits will continue to be supplied and FRUs & PHCs which have not been covered so far will be covered under the RCH Programme.

4. ESSENTIAL OBSTETRIC CARE (EsOC) :

Essential Obstetric Care includes those items of Obstetric care which any pregnant women requires if there is no complication during pregnancy or delivery. These items basically include registration of pregnancy in the first 12-16 weeks of the pregnancy, atleast 3 pre-natal check-ups by ANM or in dispensary for providing check-ups of essential body parameters and counseling and includes detection of complications and reference to PHCs/FRUs in case of complication. It also includes assistance during delivery and 3 post-natal check-ups with similar testing of basic body parameters and identification of complications including reference to PHCs/FRUs in the case of complications.

INPUTS :

A) DRUG KIT : Essential Obstetric care drug kit containing 28 items will be supplied to all PHCs in category 'A' and 'B' districts.

B) CONTRACTUAL STAFF : Staff Nurse appointed are paid in lumpsum including honorarium equal to the pay at the minimum of the pay scale plus DA plus Rs.400/- HRA. No other allowances/increment will be paid for the duration of the contract. Separate funds will be released to the districts.

The facility of contractual service of a Staff Nurse will be available in 'C' category districts, wherever the PHCs having suitable infrastructure with delivery room, operation theatre with residential quarters and deliveries being conducted.

List of such eligible PHCs should be kept ready. Modalities for recruitment through district committees is being worked out.

5 TWO WHEELERS TO ANMS

On an average each subcentre caters to the requirement of 5-6 villages or the services to these villages need to be provided by ANM through the village visit every day. The non mobility of the ANM has been found to be one of the reasons for poor services to villages is at distance from subcentre village. Therefore in order to cater to the RCH requirements of far-flanged villages, the mobility needs to be improved. Accordingly interest free loan will be provided for purchase of Moped.

* During the project period this facility will be available to the ANM in non-IPP-IX districts such as Kolar, Tumkur, Shimoga, Dharwad, Haveri, Gadag, Raichur, Bangalore (U) and Bangalore (R).

* Provision of such Mopeds will enhance the capability of ANMs to tour the villages in their jurisdiction more regularly and therefore the effectiveness of their work will improve.

* The PHCs where the ANMs getting such assistance should be atleast 10kms away from a district or sub district headquarters.

* List of the ANMs in the concerned districts who are willing to avail Two Wheelers should be kept ready.

6 EMERGENCY OBSTETRIC CARE (EmOC)

Emergency Obstetric Care is an important intervention for preventing maternal mortality and morbidity. The complications such as anaemia, haemorrhage, obstructed labour and sepsis are major causes of maternal mortality and morbidity. If these complications are detected early and managed appropriately, maternal mortality and morbidity can be reduced substantially. If 3 check-ups by ANM at ante-natal and 3 at post-natal stage are ensured by competent supervision, most of such cases of complications can be detected and attended to before they become life threatening. The ANM is expected to refer cases of complications during pregnancy or at the time of delivery to PHCs/FRUs.

A) DRUG KITS : Pethidine and Oxygen Cylinder will be procured from the State Level and provided to the districts depending upon the needs.

B) EQUIPMENT KITS : Under CSSM Kit 'E' to Kit 'P' have been supplied to few FRUs/CHCs. The remaining FRUs/CHCs are also eligible to get these kits under RCH provided the earlier assisted FRUs have become operational and now the identified new institutions has operation theatre, Gynecologist and Anesthetist. List of such institutions should be kept ready.

C) CONTRACTUAL STAFF: Under the RCH Project, each district will be assisted to engage 2 Lab.Technician for doing routine blood, urine and RTIs & STIs test at FRUs. If such technicians are not readily available. With regard to their honorarium and selection procedure, the mechanism mentioned for Staff Nurse will be applicable. Separate funds will be released.

D) ANESTHETIST : It is permitted the under the RCH Project funds to engage the Anesthetist working in private sector on a payment of Rs.500/- per case and this facility will be available at subdistrict and CHC level, but only for everyday obstetric care.

E) LAPAROSCOPES & TUBAL RINGS :

* Single/Double puncture instruments and also Tubal Rings are being supplied from Govt. of India depending upon the needs and demands of the State/Districts. This will be continued form Government of India.

* Districts should prepare list of doctors with post graduate qualification (MS Gen.Surgery, MD/DGO in OB&GYN) and depute as team (Doctor, Staff Nurse and Anaesthetist) for 15 days training either at Hubli/Bangalore.

* Districts should always have the information on number of teams trained and no.of Laparoscopes available.

* Deputy Commissioner & Chief Executive Officer should be appraised about the necessity of laparoscopes and procure locally 1 or 2 every year to support the programme.

* Ultimately every taluk should be equipped with a trained team and a laparoscope as early as possible.

7 **CIVIL WORKS : (vide Annexure letter RCH 2 (B) 98-99 dt.21-5-99)**

A. MINOR CIVIL WORKS :

Over the years the position of buildings for different health institutions such as district hospitals, community health centres and PHCs have improved in most of the periphery. The position of subcentres has not been improved in addition to non-availability of OT/labour room in PHCs where there is a great demand for MCH & FP activities. Therefore it has become necessary to take up minor civil works for subcentres and PHCs involving repair of electric supply lines, water supply arrangements, attending leakage of ceiling and also repairs of floors, doors and windows limiting to the expenditure.

A lumpsum budget of Rs.10.00 lakhs to every district for such repairs will be available. The Dist. Health and FW Officer/Dist.RCH Officers will identify such institutions and contact the Executive Engineers and Zilla Panchayat Division to get them repaired. No funds will be made available for construction of compound wall etc.,

B : MAJOR CIVIL WORKS :

The major civil works can be taken up in the PHCs (preferably MNP PHCs,) for construction of OT/labour room etc., wherever there is a greater demand for FP & MCH services and also the availability of land for add on work.

The district entitlement will be, No.of CHCs X Rs.10.00 lakhs each + Rs.10.00 lakh. In all such cases the plans and estimates should be prepared by the authorised Agency of the State and money will be claimed from the Government to take up such work. Proposals from each district should be immediately sent including the plans and estimates.

In case of construction of labour room /OT, civil work drawings should be in accordance with the agreed civil works manual. A certificate will be issued from the State level that the construction is in accordance with the manual and the assistance claimed are based on the estimates prepared by the authorised Agency. Funds are not available for any add on civil works to the district hospital as well as CHCs.

8 **24 HOUR DELIVERY SERVICES :**

One of the reasons demotivating people from seeking deliveries in PHCs/CHCs is non availability of Medical/Para-medical/cleaning staff beyond normal working hours and lack of attention to the patients in the dispensaries/hospitals.

Therefore under the RCH Programme attempt will be made to set up 24 hour delivery services in CHCs/PHCs in the districts. The arrangements in this scheme would involve a mechanism for the doctor to be available on call, atleast one Nurse being available beyond normal working hours, in the CHCs/ PHCs and cleaning services being available similarly beyond normal working hours. Honorarium to the CHC/PHC doctor at the rate of Rs.200/- per delivery conducted by him/her between 8.00 pm in the evening and 7.00 am in the morning provided the doctor is not on high shift duty. Rs.50/- per delivery for Staff Nurse and Rs.30/- per delivery for cleaning staff.

The above honorarium will not be admissible to doctors/staff on night shift duty and also restricted upto 50% of the deliveries conducted in such institutions or actual no.of deliveries conducted during night hours whichever may be less.

Initiating this scheme for encouraging institutional deliveries will have beneficial impact on maternal mortality and morbidity as also on health and well being of the new born. The Dist. Health & FW Officers should indicate the no.of such institutions which will be funded under this Project.

9 **ESSENTIAL NEW BORN CARE :**

Although neonatal mortality is showing a consistent decline, it still contributed to 63.7% of all infant deaths during 1993. The high incidence of low birth weight babies is a common contributory factor in neonatal deaths. The major causes of neonatal mortality have been identified as Hypothermia, Asphyxia and infections. Simple, cost effective, indigenous technology is available to provide essential new born care at the field level to manage the direct causes of neonatal mortality. Provision of essential new born care will thus not only improve the overall quality of services provided by peripheral health facilities but also contribute to decreasing neonatal morbidity and mortality.

Inputs

i] Under the CSSM Programme essential equipment listed in the Annexure will be supplied to the District Hospitals, CHCs/FRUs and PHCs in 26 districts through WHO assistance.

ii] Where deliveries are being conducted regularly in the PHCs this equipment is essential for ensuring care of the new born babies. Therefore, during the 9th Plan under the RCH programme this equipment will be supplied to the District Hospitals, CHCs including all FRUs and the PHCs at block level.

Procedure for sanction/conditions regulating assistance

These equipment will be provided at the district level on the condition that the district authorities certify that regular deliveries are taking place in the proposed hospitals / CHCs/FRUs and Block PHCs and that at least one lady medical officer/staff nurse are in position in the facility.

10 **MEDICAL TERMINATION OF PREGNANCY**

Medical Termination of Pregnancy (MTP) is permissible under certain condition as laid down in the Medical Termination of Pregnancies Act., 1971. However, MTP should not be a mechanism for restricting family size or for avoiding unwanted births in routine. Although officially the MTPs in the country is only about 6 lakh in a year but various experts/studies have estimated the actual number to be an the region of 4 million or more per year. Such MTPs (unsafe abortions) in unauthorised places where the essential facilities are not available and where sometimes even the person performing MTP is also neither qualified nor experienced are causes of many deaths and morbidity on a much larger scale. Therefore, increasing and improving facilities for MTP is an important of the RCH Programme.

INPUTS

i] Need based arrangements in MTP are being set up under the training programme being organised through the National Institute of Health and Family Welfare. The District authorities have to ensure that initially at least one team (Medical Officer & Staff Nurse) is trained for every hospital at district and sub-district level

ii] Under the RCH Programme the Government of India will provide MTP equipments wherever Doctors trained in MTP procedures and operation theatres are available in District Hospitals, CHCs and PHCs.

iii] To supplement these regular arrangements the Government of India will also provide assistance by taking districts as units for engaging doctors trained in MTP to the PHCs once a week or atleast once in a fortnight on a fixed day for performing MTP. These doctors (Safe Motherhood Consultant) will be paid at the rate of RS.500 per day visit. These doctors will also provide Ante Natal Care and Post Natal Care to the patients during their visit.

iv] In view of the importance of ensuring adequate facilities for MTP in the interest of Women's Health equipment assistance will be similarly provided to well run and competent medical clinics in the Non-Government sector if they have operation theatre and trained doctors/nurse.

Procedure for sanction/conditions regulating assistance :

i] The MTP equipments have already been supplied to a large number of the District Hospitals and CHCs in the past. However, it is not being optimally utilised because trained doctors are not always available in these places. Therefore, on certification from the district authorities concerned that doctors have been trained in MTP procedure. MTP equipment will be supplied.

- In the first stage to all District Hospitals and CHCs where it is not already available
- After all CHCs in a particular district are covered, MTP equipment will be similarly supplied to PHCs on certification from the District authorities that atleast one doctor and one nurse in the PHC has been trained in MTP procedure and operation theatre is available in a functional state ; and
- In all these hospitals/dispensaries a board should be prominently put up to inform the people that MTP facilities are available in the hospital/dispensary.

ii] The payment of contractual service fee of Rs.500/- will, however, not be available to those Government Doctors who are substantively posted in PHCs but are attached to District Hospitals.

11 REPRODUCTIVE TRACT INFECTIONS AND SEXUALLY TRANSMITTED INFECTIONS

The incidence of Reproductive Tract Infections and Sexually Transmitted Infections is very high and according to some small area studies, the incidence is around 20-30% in most parts of the country. They are a cause of considerable morbidity among women and in some conditions they affect the health of the new born also. However, treatment for such conditions has not been set up on a sound basis so far.

INPUTS

i] Under the RCH programme all District Hospitals and three FRUs category - A districts, two in category-B districts and one in category-C districts will be assisted for setting up RTI/STI clinics. (vide Annexure letter RCH 21dt.20-5-99)

ii] The assistance from the Government of India will be in the form of training which is being organised through NIHFW and in the form of a Drug Kit including disposable equipment.

Procedure for sanction / conditions regulating assistance

i] In order to ensure that there is a bonafide clinic and these facilities for RTI / STI are available to citizens readily, it will be a condition that :

- the hospital will earmark two adjoining rooms, one for Male Doctor and the other for Lady Doctor for attaining to RTI / STI cases;
- two doctors trained in RTI / STI will be made exclusively available for RTI / STI clinic; and
- a board mentioning the RTI / STI clinic, will be put above these rooms

ii] This arrangement will have to be certified by the District authorities before assistance is made available by the Government of India.

iii] Districts will identify the clinics and the drug kits will be supplied by Karnataka AIDS Prevention Society.

12 URBAN RCH

It is estimated that about 9 crore people are residing in urban slums and in some of the towns the urban slum population is more than 30% of the total city population. It is well known that sanitation and health facilities in urban slums are extremely poor. RCH status of urban slums population is poorer than even the national average. This population is also characterised by large family size, high birth rate and high infant as well as maternal mortality the incidence of diarrhoea, malnutrition and vaccine preventable diseases is also much higher in this population. Unfortunately, these areas have not received much attention in the past. Even though they are in the urban areas, they tend to be away from the city hospitals and therefore, are effectively not covered by good city health services.

INPUTS

Drug kits 'A' and 'B' are under supply to the corporations to begin with.

13 TRIBAL RCH

There are extensive tribal areas in the country. These are generally characterised by low density of population, long distances and small hamlets / villages. Because of poor communication, lower than average educational participation and generally low economic status of families the RCH status of this population is also generally poor. While the health infrastructure as it exists in other parts of the country has been put in places in tribal areas also because of special characteristics the benefit of Family Programmes is not getting passed on to the citizens in the tribal areas to the extent it is happening elsewhere.

INPUTS

In view of the extensive tribal area and fairly tribal population in the country it is necessary to put in places a special programme package for tribal areas so that the Family Welfare Programme can be brought within reach of individual families effectively.

14 ADOLESCENT HEALTH

Adolescents constitute a large segment of population which is a special significance for the RCH status of the population at large, more so because adolescents will shortly join the reproductive age group. The special needs of this segment of population have not been addressed adequately in the past. This is an important segment to be addressed because if their needs are adequately provided for, the impact of RCH on population in the reproductive age group will not be much.

PRESENT STATUS AND RATIONALE FOR A PROGRAMME

* Health Programmes for the adolescent girl have special significance because these programmes will not only affect the health and nutrition of the adolescent themselves but would also have a long term intergenerational effect by reducing the risk of low birth weight and minimizing subsequent child mortality rate.

* The unique health needs of the critical population 10-19 years of age are usually overlooked or expected to be integrated with services for children or adults. Neither services nor research have found in the adolescent health and information needs.

* A majority, nearly **two - thirds** of the 6-14 year old girls are anaemic.

* In a situation in which adolescents 10-19 years of age represent almost **one fifth** of the population, the consequence of this neglect take an enormous proportion.

* Considering Karnataka's population in 1998 as 5.2 crores, 1.40 crores will be adolescent population. The sheer size of this group commands attention.

* Only 15% of the girls and 25% of the boys enroll for secondary education.

* Hence the programmes designed to address the reproductive health needs face special challenges since they must take into account complexities often complicating factors among both school going adolescents and also out of school adolescents.

15 TRAINING

A fairly large training programme has been going on in the past in various areas resulting in awareness generation and to an extent skill upgradation. Under the RCH programme, this has to be strengthened to ensure that all priority areas are attended to particularly for skill upgradadation of the health functionaries. In addition , emphasis will be placed on training Panchayati Raj functionaries and functionaries of other related departments whose co-operation is necessary for the success of the Family Welfare Programme.

The training programmes under RCH programme has been entirely restructured and take the form as 1] Awareness Training Courses (ATC), 2] Skill Training Courses (STC).

Awareness Training Courses : (ATC)

Awareness training courses will have the common objective of increasing awareness about RCH and population indicators for the country and for the local area and for increasing awareness and knowledge about management issues involved in RCH programme. Awareness training courses will be conducted at four levels;

a) For composite groups of ANMs paramedics, Anganwadi Workers, Panchayat members, school teachers, etc.,in ANM/LHV training school or District Training Bureau.

This training will be for composite groups of the above mentioned categories and ideally the group strength should be 25-30. Duration of such training should be two days. Suggested training outline is at Annexure-I. Financial assistance available for training programme will be as per norms at Annexure - II. For each training programme one RCH Specialist and one Population Scientist from a nearby institution should be invited to talk to the participants so that they can have a proper understanding of RCH /Population issues for the country and for the local area. The booklets prepared and supplied by the Government of India on these subjects will be made available to the trainees for their reference. The training schedule should ensure that it is not confined only to lectures but there is sufficient time and scope for interaction among participants.

b) For doctors, Sub-divisional officers of related Departments, NGO functionaries and Zilla Panchayats Members in District Training Bureau or Health & Family Welfare Training Centres.

Such training should be for composite groups of above - mentioned categories and ideally the group strength should be 25-30. The duration of the training should be 2-3 days and broadly the items mentioned an Annexure-I should from the basis of training course design. For each training course one RCH Specialist and one Population Scientist should be invited from a nearby institution for imparting training to the participants in RCH / population issues for the country and for the local area. It should be ensured there is sufficient scope for interaction among the participants. financial assistance on the basis of norm indicated in Annexure - II will be available for each training course.

c) Quarterly meetings at sub-district places of doctors and ANMs by the Chief Medical Officer and or district Family Welfare Officer.

These meetings which can be called training courses also should be regularly held once every quarter because only by repetitive training, issues related to RCH implementation will get clarified among the health functionaries and change in attitude will also come about only in stages over a period of time. This training should be of one-day duration. For every training one RCH Specialist and one population Scientist should be invited from a nearby institution. Half a day every time must be devoted to clarifications and interaction among participants. The training programme should include;

* Discussion about RCH and population status. Analysing for identifying factors responsible for high birth rate, maternal mortality and infant mortality in the district.

* Progress of implementation of various RCH interventions and availability of RCH services to citizens.

* Operationalising Community Need Assessment (CNA) approach, regular submission of monthly reports by the District to State Government and Central Government and timely preparation of annual action plan by various levels within the districts.

d) For district, divisional and State level officer of Health & Family Welfare Department and for officers of other related Departments training about RCH management issues in State Health and Family Welfare Training Institute, Regional Family Welfare Training Centres, in collaborating institutions and NIHFW.

Such training programmes should of 3-5 day duration. The training should be for composite groups of officers numbering 25-30 for each course. Focus in this training should be on increasing awareness about RCH/population indicators for the country and for the State, explaining the nature of RCH programme and explaining management issues involved in RCH. The training institute should invite experts from other specialist institutions for ensuring good quality of training.

Skill training courses : (STC)

NIHFW will determine various skill - based courses which need to be offered for training by ascertaining the needs in consultation with field officer and State Governments. The NIHFW will also periodically review continued need of existing courses for phasing out any course which may not be needed further. All these courses will be in concerned medical college departments, well-provided non-government hospitals and in well-provided Government hospitals at district level. The NIHFW and collaborating institutions will first identify institutions which prima facie have capability for conducting a particular course. After that these institutions will be requested to indicate whether they would be interested in conducting that particular course and to furnish the infrastructure and faculty they have for supporting such a course. The capability and motivation of the institution will be verified by the collaborating institution by sending a two-member team to

the training institution. When the NIHFW is satisfied about the suitability of a particular institution for a particular course, The institution will be required to submit accounts and report for each course and on the basis of this further grants will be similarly released. so for each skill - based course there will be a set of institutions offering training and this number need not be the same for each course because the needs of manpower for each skill may be different.

I. For ANMs / Nurses

a) Course on Midwifery

b) Course on IUD insertion

c) Foundation Skills (immunization, child health, programme issues viz. IMR, MMR, RTI / STI etc,)

II. For Doctors

a) MTP Training

b) Laparoscopic sterilization technique

c) No Scalpel vasectomy

d) Sterilization (minilaparotomy; vasectomy)

e) Management of RTI / STD

f) Specialised Course in Nutrition

g) Emergency Contraception

16 **INFORMATION EDUCATION AND COMMUNICATION**

While the above activities will be undertaken by the Government of India, State Governments may undertake similar local specific IEC activities form the funds allocated to the States for IEC activities. For this purpose, an amount of Rs.25 lakh to large States, Rs.15 lakh to medium States and Rs.10 lakh to smaller States will be provided annually.

Funds for maintenance of existing about 80,000 Mahila Swasthy Sanghas (MSS) will be provided @ Rs.1200 per annum per MSS. in addition, each year 30,000 new MSS will be established based on the request of state. An amount of Rs.1530 for each new MSS will be provided during the first year and in subsequent year funds will be provided as per existing rate. The funds for MSS will be provided through State Government / SCOVA as the case may be.

District level :

It is proposed to build up a strong component of information, Education and Communication at district level. It proposed to link up with the National Literacy Mission which works through Zilla Saksharata Samitis (ZSS) at district level for Total Literacy Campaign conducted over 1-2 years for each district. The District

Samiti is headed by District Magistrate and includes all NGOs related departments and opinion leaders. Literacy programme has substantially succeeded in mobilising masses and this strategy would be helpful for Family Welfare also. In any case, Education and Family Welfare are mutually supportive and in total Literacy campaign, womens literacy is the primary concern which again is relevant for Family Welfare. It is proposed to seek project proposals from each district (involving design and display of posters, wall writings, mass campaigns, local folk songs, performance etc.,) and to sanction individual projects through national literacy mission. This would be also helpful because Total Literacy Campaign is presently continuing mostly in districts which are weakly performing for Family Welfare National Literacy Mission is also a Government agency and therefore, no other procedural requirement will be necessary and in any case it will be part of the NGO Programme.

An amount of between Rs.3-5 lakhs annually may be provided on the basis of Project proposals to the Zilla Saksharata Samities in the districts where they are functional and for other districts are proposal will be considered as and when Zilla Saksharata Samitis becomes functional.

distlig]

CHECK LIST FOR THE DISTRICT OFFICERS FOR IMPLEMENTATION AND MINOTORING OF RCH PROGRAMME

* * * * *

Yes / No

1 Subcentre Action Plan, PHC plan, FRU plan and district plans to be prepared (in the form No.1, 2, 3, & 4 and sent to higher officers within 31st March. .....

2 Monthly progress reports (In form No.6, 7, 8 & 9) are being received regularly from all and sent to the higher authorities specially form no.9 from dist. to state and centre. .....

3 Salary of the RCH Cell is being booked under Direction and Administration.

4. Drug kit A & B and Equipments kits have been sent to the peripheral institutions such as Subcentres and PHCs. .....

5. Institutions have been identified requiring staff nurses and Lab.Technicians. .....

6. List of ANMs requiring two wheelers has been prepared. .....

7. Services of Anaesthetist and / or Safe Motherhood Consultant is being availed on contract basis. .....

8. List of subcentres & PHCs requiring minor works including estimates has been prepared. .....

9. List of PHCs requiring Operation Theatre and Labour room including Plans and estimates has been prepared. .....

10. Institutions requiring funds for providing 24 hour delivery services have been identified. .....

11. New Born Care equipments and E to P kits have been received and put to use. .....

12. List of FRUs/CHCs requiring MTP equipments has been prepared. .....

13. RTIs/STIs clinics have been operationalized at FRUs and district hospitals. .....

14. Training plan for various categories of staff has been prepared. .....

5. ZSS scheme activities are being coordinated. .....

ANNEXURES

WOMEN's HEALTH
REPRODUCTIVE AND CHILD HEALTH SERVICES

CHILD HEALTH

- New born care
- Immunization
- Diarrhoea control
- Vitamin 'A'
- Pneumonia control

MATERNAL HEALTH

- Registration within 12 weeks
- 3 ANC checkups, TT & IFA
- Institutional Deliveries
- Identification of high risk pregnancies & Referral for EmOc
- Dai Training

FERTILITY REGULATION

- Delay of Marriages
- Timing of Pregnancy
- Spacing of births
- M.T.P. services
- Limiting the births

RTI's & STI's

- Personal Hygiene
- Diagnosis by syndrome approach
- Referal for treatment
- Partner notification / Referal
- Condom usage

Drug kits	Equip--ments	Essential obstetric care	Emergency obstetric care	24hrs Delivery services	Civil Works • Minor • Major	IEC	Cold Chain Maintenance	Training	Contractual Services	Vaccines & Contraceptives	Two wheelers to ANMs

MALE PARTICIPATION
ADOLESCENT HEALTH
NGO's AND PRIVATE SECTORS
COMMUNITY NEEDS ASSESSMENT

concept : DR.G. V. NAGARAJ
PROJECT DIRECTOR (RCH)

KARNATAKA - VITAL INDICATORS (SRS Estimates)

YEAR	BIRTH RATE			DEATH RATE			INFANT MORTALITY RATE		
	Rural	Urban	Combined	Rural	Urban	Combined	Rural	Urban	Combined
1970	35.0	27.8	33.0	14.2	10.3	13.1	101.0	73.2	NA
1971	34.6	25.3	31.7	14.0	7.2	12.1	102.0	45.4	89.0
1972	32.8	27.9	31.5	14.3	8.6	12.7	102.5	67.5	94.5
1973	30.1	26.1	28.9	14.3	7.6	12.4	90.5	67.1	84.5
1974	29.5	24.3	28.0	12.4	7.0	10.9	97.7	52.2	86.5
1975	29.7	22.5	27.7	12.5	7.5	11.1	NA	NA	NA
1976	31.1	25.2	29.4	13.4	7.7	11.7	99.0	60.0	89.0
1977	27.2	24.0	26.3	12.5	7.8	11.1	89.0	64.0	83.0
1978	30.2	26.4	29.2	13.6	8.2	12.0	90.0	58.0	82.0
1979	29.0	25.9	28.1	11.8	6.4	10.4	94.0	51.0	83.0
1980	28.9	24.4	27.6	10.7	6.6	9.6	79.0	45.0	71.0
1981	29.2	25.7	28.3	10.2	6.3	9.1	77.0	45.0	69.0
1982	28.8	25.7	27.9	10.2	6.3	9.2	71.0	47.0	65.0
1983	30.2	26.0	29.1	10.6	6.0	9.3	80.0	41.0	71.0
1984	30.9	28.5	30.3	10.7	6.6	9.6	84.0	43.0	74.0
1985	30.9	26.2	29.6	9.8	6.1	8.8	80.0	41.0	69.0
1986	29.9	26.8	29.0	9.4	6.8	8.7	82.0	47.0	74.0
1987	29.9	26.3	28.9	9.7	6.1	8.7	86.0	41.0	75.0
1988	30.1	24.9	28.7	9.5	7.0	8.8	83.0	46.0	74.0
1989	29.1	25.1	28.0	9.6	6.5	8.8	89.0	53.0	80.0
1990	29.0	25.0	28.0	8.8	6.1	8.1	80.0	39.0	70.0
1991	27.8	23.9	26.8	9.7	6.9	9.0	87.0	47.0	77.0
1992	27.3	23.3	26.2	9.4	6.0	8.5	82.0	41.0	73.0
1993	26.7	23.1	25.5	9.5	5.2	8.0	79.0	41.0	67.0
1994	26.0	22.6	24.9	9.3	5.5	8.1	73.0	50.0	67.0
1995	25.1	22.1	24.1	8.5	5.6	7.6	69.0	43.0	62.0
1996	24.2	20.3	23.0	8.6	5.4	7.6	63.0	25.0	53.0
1997	23.9	20.1	22.7	8.5	5.4	7.6	63.0	24.0	53.0
1998									
1999									
2000									

GOVERNMENT OF KARNATAKA

OFF. : 2870224
PHONE : Res. : 6642574
FAX-080-2870224
GRAMS : FAMWEL

DR. G.V. NAGARAJ,
M.B.B.S.,D.P.H.,(Cal), PGDHM.,MD.,MIPHA
PROJECT DIRECTOR (RCH)

STATE FAMILY WELFARE BUREAU
D H & F W S , ANANDA RAO CIRCLE, BANGALORE - 560 009

No.RCH.2(B)/1998-99

Date : 21-5-1999

Dear Doctor,

Sub : Major and Minor Civil Works under RCH Programme.

Over the years the position of health institutions such as as PHCs have improved for general health services where as the position of subcentres has not been improved in addition to non-availability of Operation theatre and Labour room in these PHCs.

Major Civil Works in the form of add-on operation theatre and labour room to the PHCs where there is a great demand or likely to have in future for MCH & FP services and minor civil works for the subcentres and PHCs are two important components of RCH inputs. By attending to this the coverage and quality of Family Welfare/MCH/RCH programmes is likely to have a quantum jump in future years. Few guidelines in respect of these works are detailed :

MAJOR WORKS (ANNEXURE - I)

- Initially the institutions requiring operation theatre and labour room should be prepared as required in Annexure-I.

- The institutions can be identified by contacting the Taluk Health Officer over phone keeping in view the criteria laid down in the foot note.

- A list prepared should be sent immediately to the Project Director (RCH) after fulfilling the criteria.

- The Engineering division of the Zilla Panchayats should be requested to prepare the plans and estimates following the design manual of Govt.of India which was sent to you earlier.

- The ceiling limit for each institution is Rs.10.00 lakhs.

- The entitlement of funds for each district towards these works will be as follows :
  No.of community Health Centres X Rs.10.00 lakhs +
  Rs. 10.00 lakhs
  e.g. : 5 CHCs X Rs.10.00 lakhs + Rs.10.00 lakhs = 60.00 lakhs
  i.e. Operation theatre and labour room can be taken up in 10 institutions (PHCs).

MINOR WORKS (ANNEXURE-2)

- A budget of Rs.10.00 lakhs as a total is available for each distnct to take up minor works.The type of works is mentioned in Annexure - II.

P.T.O

Initially the details of the institutions which will be taken up for minor works should be immediately sent to the Project Director (RCH) as required in Annexure - II. There is no need to have plans. Only estimates for each institutions (in the PHC or subcentre) within the ceiling limit (PHC - 0.80 lakhs, Subcentre - 0.20 lakhs) should be got prepared by the Engineering Division of the Zilla Panchayats and a copy of the same sent immediately to the Project Director (RCH).

Inspite of repeated reminders the required information has not been sent by you. Stringent reminders are being received from Govt of India for which you are directly responsible till now. It is suggested to entrust this work to the District Health & FW Officer. District FP Officer and to prepare the information without any confusion.

Full particulars according to the format should be sent to **31st May 1999** to the Project Director (RCH) in person. Any default will be viewed seriously and the matter will be reported to Government for necessary action.

With best wishes,

Yours cordially,

Dr.....
Dist.Health & FW Officer

.....

The Divisional Joint Director of Health & FW Services
..... to immediately follow up and see that the required information is prepared and sent to the undersigned.

Copy submitted for kind information to the Secretary to Govt., Health & FW Dept., M.S. Buildings, Bangalore.

Copy submitted for kind information to the Commissioner for Health & FW, Ananda Rao Circle, Bangalore.

ANNEXURE - I

RCH PROGRAMME - MAJOR CIVIL WORKS*

DISTRICT .....

Sl. No	Name of the PHC	Address of the institution	Cost of the work - ceiling limit (Rs.10.00 lakh each instance)
1.	2.	3.	4.

*Note :

1 The add on construction work should be of operation theatre and labour room only
2 The PHC sanctioned under MNP should be preferred.
3 There should be adequate space for add on work.
4 The PHC should have/potential to have greater demand of FP&MCH services
5 The add on construction work should not be duplicated under IPP - IX
6. Plans and Estimates should be prepared by the Engineering division of Zilla Panchayath following the Health facility disign Manual - RCH, Govt. of India and a copy of the same should be sent to Project Director (RCH)

DISTRICT HEALTH & FW OFFICER

ANNEXURE - II

RCH PROGRAMME - MINOR CIVIL WORKS*

DISTRICT .....

Sl No.	PHC/Sub centre	Name	Address of the institution	Details of the works to be taken up
1.	2.	3.	4.	5.

*Note :

1 The Minor repair works means - repair of electric supply lines / water supply / sanitary fitting / leakage in the roof / minor repairs of doors and windows.

2 Ceiling limit for Minor Works=**Primary Health Centre Rs.0.85 lakhs**
Sub Centre Rs.0.20 lakhs

3 Estimate should be prepared for each Institution and a copy should be sent to Project Director (RCH) for release of Budget to Zilla Panchayaths.

DISTRICT HEALTH & FW OFFICER

Government of Karnataka

No.RCH.21/98-99

Directorate of Health & FW Services
Ananda Rao Circle, Bangalore
Date : 20-5-1999

Dear Sir,

Sub : Operationalization of Reproductive Tract Infection (RTIs) and Sexually Transmitted Infection (STIs) clinics

The incidence of Reproductive Tract Infections and Sexually Transmitted Infection is very high and according to some small area studies the incidence is around 20-30% in most parts of the country. There is a concern for considerable morbidity among women and in some conditions these affect the health of the new born also. Treatment for such conditions has not been set up on a sound basis so far.

Under the RCH Programme this problem has been seriously recognized and the necessary interventions are being taken up under the RCH Project.

According to this all district hospitals and three First Referral Units under Category 'A' districts, two districts in category 'B' districts and One in category 'C' districts is being assisted and are supposed to set up RTI/STI clinics.

RCH PROJECT - PHASING OF DISTRICTS

CAT 'A' (2)	(A1) Dakshina Kannada	(A3) Mandya	
CAT 'B' (4)	(B2) Uttara Kannada	(B6) Chikkamagalur	(B11) Dharwad
	(B10) Belgaum		
CAT 'C' (3)	(C1) Bijapur	(C3 Bidar)	(C4) Gulbarga
CAT 'A' (1)	(A2) Kodagu		
CAT 'B' (4)	(B1) Hassan	(B3) Bangalore (R)	(B4) Tumkur
	(B7) Mysore		
CAT 'C' (3)	(C2) Bellary	(C5) Raichur	(C8) Bangalore
	(sub-project)		

In order to ensure that there is a bonafide clinic these facilities for RTIs/STIs are available to citizens readily, the following guidelines have to be necessarily followed :

1. The hospital should earmark two adjoining rooms, one for male doctor and the other for lady doctor for attending RTI/STI clients.

2. Two doctors trained in RTI/STI should be made available exclusively for RTI/STI clinic services.

3. A Board indicating the name of the doctor, venue and day of RTI/STI clinic should be put up.

4. At present the required drugs for these cases have been given from the Karnataka State AIDS Prevention Society.

You are requested to implement the above guidelines as early as possible and intimate the action taken in this regard.

With, best wishes

Yours cordially,

All Superintendents,

All District Surgeons

All District Health & FW Officers

All Divisional Joint Directors of Health & FW Services
Member Secretary & Additional Director Karnataka State AIDS Prevention Society, Bangalore

Copy submitted for kind information :
Commissioner, Health and Family Welfare Services, Ananda Rao Circle, Bangalore - 9

ANNEXURE-I

SUGGESTED TRAINING OUTLINE FOR TWO DAY AWARENESS GENERATION TRAINING COURSES

DAY I

SESSION I : POPULATION ISSUES

1. Population at present / How it has grown in past /what are projections for future? How this growth has affected quality of life. How future growth will affect different aspects of life like land holdings, eduction, food availability etc?

2. Birth rate; death rate; Infant Mortality Rate; Effect on population growth need to reduce; birth rate further; status for the country & the States.

3. What is the demographic scenario in the district and how the above indicators are affecting it?

4. How population growth affects health of mothers & children & vice-versa?

5. Discussion

SESSION II : Reproductive Health Issues of Adolescents and Women

1. Maternal Mortality Rate - scenario; global and situation in India and the State.

2. Significance of reproductive health of adolescents; Anaemia and its causes; Effects of anaemia on the physical and mental growth of unborn child; Nutritional issues; How to judge nutritional status of individuals; Social and dietary reasons for poor nutritional status; Prevention of Anaemia.

3. Right-Age at marriage; delaying the first child; gap between successive pregnancies; why are these important?

4. Deliveries and complicated deliveries. Nature of complications; precautions for safe delivery; Delivery in institutions - why it is necessary?

5. Discussion

SESSION III : Child Health

1. Preparation for the newborn before birth. Importance of exclusive breastfeeding till 4 months; Prevention of infection, Prevention of hypothermia. How these are possible only in institutions.

2. Protection against vaccine preventable diseases; Role of community in polio eradication.

3 Prevention and management of diarrhoeal disease. Importance of ORS and continued feeding during diarrhoea. Diarrhoeal diseases in terms of impact on IMR.

4. Pneumonia - a major killer of children. Recognition of danger- signs, early treatment and referral. Impact on Child Mortality.

5. Mal-nutrition is a major problem. Cause is not poverty but lack of information: Importance of appropriate weaning practices; Girls need as much food as boys. Importance of Vitamin-A prophylaxis.

6. Facilities available in Health Centres/Sub-centres.

7. Discussion

DAY II

SESSION IV : Family Planning

1. Importance of family planning as intervention for health of mother and well being of family.

2. Male partnership and responsibility. Discussion on NSV.

3. Spacing methods. Why they are important; Indications and contraindications of each method. Advantages of IUD.

4. .Permanent methods of family planning. Right stage of opting for sterilisation.

5. Medical Termination of Pregnancy - this must be done early in pregnancy when it is safe; it is NOT a family planning method; availability of MTP services in the health system.

6. Facilities available in Health Centres/Sub-centres.

7. Discussion

SESSION V : STD/RTI/AIDS

1. Behavioural aspects of STD/RTI/AIDS.
2. Complications of RTI.
3. HIV Transmission & Promotion of condoms.
4. Misconception about HIV.
5. Counselling and Education.

SESSION VI : Open Session

1. Any queries on technical issues to be answered.

2. Discussion on how other departments and panchayati raj functionaries can help in implementation of the RCH interventions

ANNEXURE-II

NORMS AND ILLUSTRATIVE COSTING OF TRAINING COURSES

NORMS

i. Number of participants in a course - 25-30

ii. DA to Group B,C,D and equivalent participant - Rs. 125/- per day per

iii. DA to Group A (includes All Medical officers) participants Officers and equivalent - Rs. 200/- per day per

iv. Honorarium to District and Sub-district guest faculty - Rs. 300/- per day

v. Honorarium to guest faculty for courses at Regional/State/National level - Rs. 500/- per day

vi. Honorarium to in-house faculty - Rs. 200/- per session.

vii. 2 in-house faculty conducted sessions per day and one guest speaker per day.

viii. Contingency (teaching materials, consumables miscellaneous expenses) - Rs. 100/- per trainee per day

ix. Instt. overheads and for use of Instt. facilities @15% of total training expenses.

(Note : TA to the outside participants and guest faculty will be provided as per actual expenditure according to State Government rules)

ILLUSTRATIVE COSTING

1. **25 Day course (group A officers) for 25 participants**

COST :

i.	Daily Allowance		(No.) 25 x	(DA) 200 x	(Days) 25	=	1,25,000/-
ii.	Honorarium	(Guest speakers) 25 x 500	+	(In house) 25 x	200 x 2	=	22,525/-
iii.	Contingency @ Rs. 100 per person			2500 x 25		=	62,500/-

ANNEXURE-III

INITIAL PROPOSED LIST OF COURSES FOR TRAINING UNDER REPRODUCTIVE AND CHILD HEALTH PROGRAMME

A. **Awareness Generation Training :**

(a) Grass-root functionaries : Composite groups of ANMs, LHVs, Male Health Workers, Health Assistant(M), Village level workers of Department of Women and Child Development, Education and Panchayati Raj functionaries.

(b) Similarly for Doctors, Sub-divisional Officers of related departments (Collectors, Zilla Parishad members and District level)

(c) Awareness Generation and Management Development of State, Division and District Level Officers of Department of Family Welfare and related departments.

(d) Quarterly Meeting/Workshops for all District Medical Staff (one day) in RCH Concept and status of RCH/Population Indicators.

B. **Skills Development Courses**

I. <u>For ANMs/Nurses</u>

a) Course on Midwifery.
b) Course on IUD insertion.
c) Foundation Skills (immunization, child health, programme issues viz. IMR, MMR, RTI/STI etc.)

II <u>For Doctors</u>

a) MTP Training.
b) Laparoscopic sterilisation technique.
c) No Scalpel vasectomy.
d) Sterilisation (minilaparotomy; vasectomy).
e) Management of RTI/STD.
f) Specialised Course in Nutrition.
g) Emergency Contraception.

III <u>For Programme Managers</u> (CMO, Dy. CMO, State Prog. Officers)

Specialised Management Training.

IV <u>Upgradation of Skills of IEC Officers</u>

Specialised training.

		TOTAL		2,10,025/-
				or 2,10,000/-
iv.	Institutional overheads @ 15%		=	31,500/-
		GRAND TOTAL		2,41,500
v.	TA as per norms.			

2.	**2 day course (group B,C & D) for 25 Persons**			
i.	Dearness Allowance to participants	25 x 125 x 2	=	6250/-
ii.	Honorarium to trainers/experts	200 x 2 x 2 + 300 x 2		1400/-
iii.	Contingencies @ Rs. 100 per person			5000/-
		Total		12650/-
iv.	Institutional overheads @ 15% of total			1898/-
			or	1900
		Total		14550/-
v.	TA - as per norm			

NOTE : NIHFW may make necessary changes in batch size and duration etc. of training courses depending upon requirements.

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
बू खलीनी रोड, मुनिरका, नई दिल्ली-110067

National Institute of Health and Family Welfare
New Mehraull Road, Munirka New Delhi-110 067

तार स्वस्थ परिवार/GRAM: SWASTH PARIVAR
फैक्स/FAX: 91-11-6101823
दूरभाष : कार्यालय/Phone Office: 6165959, 6188486
6107773, 6186441

NIHFW/RCH/Adm./Training/99
Date: May 26, 1999

To,
The Project Director (RCH) Family Welfare
Dte. Of Health & Family Welfare
Anand Race Circle
Bangalore - 560009
Karnataka

Sub: Submission of District Training Plans for Integrated Skill/Foundation Training Programmes under RCH Programme.

Sir,

During discussions held with Ministry of Health & Family Welfare along with the World Bank Mission Team between 17th and 19th May '99, it was decided that all the State authorities must submit annual District Training Plans for integrated skill/foundation training courses for the year 1999-2000 by 15th June '99.

The brief guidelines for formulating the training plan are shown as per Annexure -I.

You are requested to formulate the plans incorporating the training load for all categories of personnel of each District and the capacity of each Training Institution. Names of the specific training institution with number of batches to be trained, tentative dates of training and funds required as per RCH guidelines and norms may necessarily be indicated in the Training Plans in view of the latest instruction of Secretary (FW), for releasing the funds in the name of specific institutions where training has to be conducted.

All the concerned Collaborating Institutions (CIs) are being asked to assist the District Authorities in formulation of these training plans which will be routed through the State RCH Coordination Committee for forwarding to the NIHFW by 15th June '99.

Guidelines for formulating the District Training Plans for Specialised Skill Training courses are being issued separately.

Thanking you,

Yours faithfully

(Dr. Indira Mural
Nodal Officer (RCH)
For Director

Categories of Trainees	Training Sites (Training Institutions)	Duration of Training	No. of Trainees per Batch
ANM	1. ANM Training School 2. District Hospital 3. PHC – For CME at monthly meetings.	15 days	15
FHS / LHV	1. Nursing schools 2. District Training Centre (DTC)	21 days	10
Nurses (at CHC)	1. HFWTC 2. District Hospital / Medical College Hospital	15 days	10
Medical Officers (PHC / CHC / RH)	1. HFWTCs 2. SIHFW 3. District / other hospitals	15 days	10
Health Worker & Health Supervisor (Male)	District Training Centre	6 days	20

ANNEXURE-I

CONTENTS OF DRUG KIT A

Sr. NO.	Name of the Item	Quantity
1.	Oral Rehydration Salt (O.R.S.	150 packets
2.	Tablet I.F.A. (large)	15000 tabs.
3.	Tablet I.F.A. (small)	13000 tabs.
4.	Vitamin A solution	6 bottles of 100 ml. each
5.	Tablet Cotrimoxazole (Paediatric)	1000 tabs.

ANNEXURE-II

CONTENTS OF DRUG KIT B

Sr. No.	Name of the Item	Quantity
1	Tab. Methylergometrine Maleate (0.125 mg.)	500 tablets
2	Tablet Paracetamol (500 mg.)	500 tablets
3	Inj. Methylergometrine Maleate [0.2 mg./ml., 1ml. ampoule (for I.M. use) in light resistant amber colour ampoules]	10 ampoule
4	Tab.Mebendazole 100 mg.	300 tablets
5	Dicyclomine Hcl 10 mg.	250 tablets
6	Chloramphenicol Eye Ointment 1% w/w in applicaps. Each applicap to contain 250 mg. of ointment	500 applicap
7.	Ointment Povidone Iodine 5%	5 Tubes
8.	Cetrimide Powder	125 gm.
9	Absorbent Cotton	1 roll
10.	Cotton Bandage (4 cm width x 4 metres length)	120 rolls

ANNEXURE III

LIST OF EQUIPMENT KITS
A MIDWIFERY KIT A.N.M.

S.No.	Item Description	Qnty
1.	Sphygmomanometer, aneroid, 300mm with cuff	1
2.	Scale, weighing, (baby) hanging type, colour coded, 5kg.	1
3.	Steriliser Instrument, 222 x 82 x 41mm. stainless steel	1
4.	Forceps, spring-type, dressing 160mm, stainless steel	1
5.	Basin, Kidney, 825ml, stainless steel	1
6.	Bowl, sponge set of two sizes, 600ml 1200ml-SS	1
7.	Catheter, uretheral, 12fr, rubber	1
8.	Sheeting, clear, vinyl plastic, 910mm wide x 180mm	1
9.	Can, enema with tubing and clip	2
10.	Thermometer, clinical, oral dual scale, celsius/fahrenheit	1
11.	Thermometer, clinical, rectal dual celsius/fahrenheit	1
12.	Brush, hand, surgeon's with white nylon bristles	1
13.	Mucus extractor	1
14.	Forceps, artery, straight, pean 160mm, stainless steel	2
15	Scissor, cord-cutting, busch, curved on flat, 160mm.-SS	1
16.	Tape, umbilical non-sterile, 3mm wide x 25m spool	1
17.	Nail clipper/file	1
18.	Foethoscope (Stethoscope Foetal)	1
19.	Bag, multipurpose, vinyl, for midwifery kit	1

ANNEXURE IV

SUB-CENTRE EQUIPMENT KIT

Item description	Qty./ Kit	Item description	Qty./ Kit
Kit C-Sub-Centers			
BASIN KIDNEY 825 ML (28 OZ) STAINLESS STEEL, REF IS. 3002	2EA	BASIN SOLUTION DEEP APPROX. 0 LITRE S S REF IS 5704	1EA
TRAY INSTRUMENT/DRESSING W/COVER 310X105X60MM SS, REF IS. 3003	1EA	BRUSH SURGEON'S WHITE NYLON BRISTLES	2EA
FLASHLIGHT BOX-TYPE PRE-FOCUSED 4 CELL	1EA	SPHYGMOMANOMETER ANEROID 300 MM WITH CUFF IS: 7052	1EA
JAR DRESSING W/COVER 0 9-15 LITER STAINLESS STEEL	1E A	RACK BLOOD-SEDIMENTATION WESTERGREN 6-UNIT	1EA
HEMOGLOBINOMETER-SET SAHL ' TYPE COMPLETE	1EA	BATTERY DRY CELL 1.5, 'D' TYPE FOR ITEM 10C	4EA
SCALE BATHROOM METRIC/ AVOIRDUPOIS 125 KG/280 LB	1EA	SCALE, INFANT METRIC	1EA
SHEETING PLASTIC CLEAR PVC CM X 180 CM	2EA	LANCET SS (MAGEDORN NEEDLE) 75 MM PKT OF 6	1EA
FORCEPS TISSUE- 100 MM	1EA	FORCEPS HEMOSTAT STRAIGHT KELLY 140MM SS	1EA
FORCEPS STERILIZER (UTILITY) 200 VAUGHM SS	1EA	FORCEPS UTERINE VULSELLUM CURVED 25.5 CM	1EA
SCISSORS SURGICAL STRAIGHT 140MM S/B, SS	1EA	REAGENT STRIPS FOR URINE TEST	1EA
REAGENT STRIPS FOR URINE TEST	1EA	SPECULUM VAGINAL BI-VALVE CUSCO'S/GRAVES MEDIUM	1E A
SIMS UTERINE DEPRESSOR/ RETRACTOR	1EA	SPECULUM VAGINAL DOUBLE-ENDED SIMS: ISS MEDIUM	1EA
MEASURE 1 LITER JUG-SS	1EA	MEASURE 1/2 LITRE JUG- SS SOUND, UTERINE, GRADUATED)	1E A 1EA

PRIMARY HEALTH CENTRE EQUIPMENT

KIT D- PRIMARY HEALTH CENTRES	
BASIN, KIDNEY 825 ML (28 OZ) STAINLESS, REF: 3092	1E A
JAR DRESSING W/COVER 310X195X 38MM S/S, REF IS 3093	1EA
SPHYGMOMANOMETER, ANEROID, 300 MM WITH CUFF, REF IS: 7652	1EA
MICROSCOPE MONOCULAR W/OIL-1MM OBJ WITH ILLUMINATOR	1EA
MUCUS EVACUATOR	1Set
SCALE PHYSICIAN ADULT METRIC 125KGS/100 GMS	1EA
REAGENT STRIPS FOR URINE TEST	1 Botl
CURETTE UTERINE SHARP/BLUNT, BLUKE 270 MM S/S	1EA
DILATOR UTERINE DOUBLE-ENDED, HEGAL S/S, SET OF 5	1EA
FORCEPS TISSUE, SPRING TYPE 1X2 , TEETH 150MM S/S	1EA
FORCEPS, TONGUE HOLDING, YOUNG 170 MM, SOFT RUBBER JAWS, STAINLESS STEEL	1EA
FORCEPS UTERINE VULSELLUM STRAIGHT JACOBS 250 MM	1EA
KNIFE-HANDLE SURGICAL FOR MAJOR SURGERY # 4	1EA
KNIFE-BLADE FOR MAJOR SURGERY # 22 PK T 5	1Pkt
RETRACTOR VAGINAL SIMS MEDIUM BLADE 31X 80M S/S	1EA
SPECULUM VAGINAL, BI-VALVE CUSCO'S/GRAVES, SMALL	1EA
SPECULUM, VAGINAL, DOUBLE-HANDED SIMS, 165 MM LONG, STAINLESS STEEL	1EA
SOUND UTERINE SIMPSON 300 MM GRADUATED IN 20MM	1E.A
NEEDLE, SUTURE SURGEON'S , REGULAR 3/8 CIRCLE	1EA
CATHETER, TRACHEAL, DELEE, 16FR, 5/3MM DIA, 400MM OPEN TUP WITHOUT EYE, FUNNEL END 6 MM, SOFT RUBBER	1EA
IRRIGATOR 1.5 LTR W/TUBING-CLAMP AND STRAIGHT CONNECTOR	1Set
TRAY INSTRUMENT/DRESSING W/COVER 31CX 195X 63 MM S/S REF IS 3093	1EA
HEMOGLOBINOMETER SET SAHLI-TYPE, COMPLETE	1Set
RACK BLOOD SEDIMENATION, WESTERGREN, 6 UNIT	1EA
BATTERY ALKALINE DRY CELL "C" TYPE 1.5 V	2EA
SCALE INFANT METRIC 16 KGS/20 GMS	1EA
SPECULUM NASAL, STAINLESS STEEL	1Set
FORCEPS HEMOSTAT, STRAIGHT, KELLY 140MM, S/S	1EA
FOREPs SPONGE - HOLDING, STRAIGHT, 228 MM, S/S	1EA
FORCEPS TISSUE 4X5 TEETH ALLIS 150MM S/S	1EA
FORCEPS STERILIZER (UTILITY) 280MM VAUGHAN, S/S	1EA
KNIFE-HANDLE SURGICAL FOR MINOR SURGERY # 3	1EA
KNIFE-BLADE SURGICAL FOR MINOR SURGERY # 1 PKT 5	1E.A
NEEDLE SUTURE 3/8 CIRCLE CUTTING, ASSORTED	2 Pkts
SCISSORS, SURGICAL CURVED, 140MM SHARP/BLUNT, S/S	1E.A
SCISSORS SURGICAL, STRAIGHT, 140MM SHARP/BLUNT, S/S	1EA
SPECULUM VAGINAL, BI-VALVE CUSCO' S/GRAVES, MEDIUM	1EA
LARYNGOSCOPE FOLDING TYPE MACKINTOSH PATTERN WITH SEPARATELY PACKED BATTERIES	1EA
HOLDER, NEEDLE, STRAIGHT, NARROW-JAW MAYO HEGAR, 180MM	1EA
PUMP, ASPIRATING, SURGICAL PORTABLE, FLOOR OPERATED	1EA
CONNECTOR 3-IN-1 FOR 6 TO 8MM NYLON TUBING	1EA

E STANDARD SURGICAL SET-1 (INSTRUMENTS) FRU

S. No.	Item Description	Qnty
1	Tray, Instrument/dressing with cover, 3[illegible]x200x600mm-ss	1
2	Gloves surgeon, latex sterilizable, size 6	12
3	Gloves surgeon, latex sterilizable, size 6-½	12
4	Gloves surgeon, latex sterilizable, size 7	12
5	Gloves surgeon, latex sterilizable, size 7-½	12
6	Gloves surgeon, latex sterilizable, size 8	12
7	Forceps backhaus towal -130mm	4
8	Forceps sponge holding- 228mm	6
9	Forceps artery, pean straight, 160mm, stainless steel	4
10	Forceps hysterectomy, curved-22.5mm	4
11	Forceps, hemostatic, halsteads mosquito, straight, 125mm-ss	6
12	Forceps tissue, allis 6 x 7 teeth, straight 200 mm- ss	6
13	Forceps, uterine, tenaculum-280mm stainless steel	1
14	Needle holder, mayo, straight, narrow jaw, 175 mm, ss	1
15	Knife-handle surgical for minor surgery # 3	1
16	Knife-handle surgical for major surgery # 4	1
17	Knife-blade surgical, size 11, for minor surgery, pkt of 5	3
18	Knife-blade surgical, size 15, for minor surgery, pkt of 5	4
19	Knife-blade surgical, size 22, for major surgery, pkt. of 5	3
20	Needles, suture triangular point- 7.3 cm, pkt of 6	2
21	Needles, suture, round bodied, 3/8 circle No. 12 pkt of 6	2
22	Retractor, abdomimal, Deavers, Size 3,2.5 x 22.5 cm.	1
23	Retractor, double-ended abdominal, Beltouis, set of 2	2
24	Scissors, operating curved mayo-blunt pointed 170mm	1
25	Retractor abdomimal, Balfour 3 blade self-retaining	1
26	Scissors, operating, straight, blunt point 170mm	1
27	Scissors, gauze, straight, 230mm- stainless steel	1
28	Suction tube-225mm, size 23F	1
29	Clamp Intestinal, Doyen, curved 225mm- stainless steel	2
30	Clamp Intestinal, Doyen straight, 225mm- stainless steel	2
31	Forceps, Tissue Spring Type, 160mm stainless steel	2
32	Forceps, Tissue Spring-Type 250mm stainless steel	1

F CHC STANDARD SURGICAL SET-II

S. No.	Item Description	Qnty	Unit
1.	Forceps, Tissue, 6 x 7 teeth, Thomas-Allis 200mm- SS	1	EA
2.	Forceps, Backhaus Towel- 130mm, stainless steel	4	EA
3.	Syringe anaesthetic (Control) 10ml. luer-glass	1	EA
4.	Syringe, hypodermic 10ml glass, spare for item 3	1	EA
5.	Needles hypodermic 20G x 1-1/2" box of 12	1	Box
6.	Forceps Tissue, Spring type 145mm stainless steel	1	EA
7.	Forceps Tissue spring type 1 x 2 teeth, Semkins 250mm	1	EA
8.	Forceps, Tissue spring, type 250mm stainless steel	1	EA
9.	Forceps, Hemostat curved mosquito haistead 130mm	6	EA
10.	Forceps, Artery, straight pean 160mm stainless steel	3	EA
11.	Forceps, Artery, curved pean 200mm stainless steel	1	EA
12.	Forceps, tissue, babcock, 195mm, stainless steel	2	EA
13.	Knife bandle for minor surgery No. 3	1	EA
14.	Knife blade for minor surgery No. 10 pkt of 5	8	EA
15.	Needle holder, straight narrow-jaw Mayo-Hegar 175mm	1	EA
16.	Needle suture straight 5.5 cm triangular point, pkt of 6	2	Pkt
17.	Needle, Mayo, 1/2 circle, taper point, size 6, pkt of 6	2	Pkt
18.	Catheter urethral Nelaton solid-tip one-eye 14Fr	1	EA
19.	Catheter urethral Nelaton solid-tip one-eye 16 Fr	1	EA
20.	Catheter urethral Nelaton solid-tip one-eye 18 Fr	1	EA
21.	Forceps uterine tenaculum duplay dbl-cvd 280mm	1	EA
22.	Uterine elevator (Ranathlbod), stainless steel	1	EA
23.	Hook, obstetric, Smellie, stainless steel	1	EA
24.	Proctoscope Mcevedy complete with case	1	EA
25.	Bowl, sponge, 6000ml stainless steel	1	EA
26.	Retractor abdominal Richardson-Eastman, dbl-ended, set 2	1	Set
27.	Retractor abdominal Deaver 25mm x 3cm. stainless steel	1	EA
28.	Speculum vaginal bi-valve graves, medium, stainless steel	1	EA
29.	Scissors ligature, cpencer straight, 130mm. stainless steel	1	EA
30.	Scissors operating straight 140mm blunt/blunt SS	1	EA
31.	Scissors operating curved-170mm blunt/blunt SS	2	EA
32.	Tray instrument, curved, 225 x 125 x 50mm stainless steel	1	EA
33.	Battery cells for item 24	2	EA

IUD .INSERTION KIT

KIT G

SETAL STERILIZATION TRAY WITH COVER SIZE 300 X 220 X 70MM. S/S. REF IS 3093	1EA	TORCH WITHOUT BATTERIES	1EA
GLOVES SURGEON. LATEX. SIZE-6-1/2 REF 4148	6 Pairs	GLOVES SURGEON. LATEX. SIZE- 7. REF 4148	6 Pairs
GLOVES SURGEON LATEX. SIZE 7½. REF 4148	6 Pairs	GLOVES SURGEON. LATEX SIZE 6 REF-IS 4148	6 Pairs
BOWL. METAL. SPONGE. 600 ML REF IS: 5782	1EA	BATTERY DRY CELL 1.5 V 'D' TYPE FOR ITEM 70	1EA
SPECULUM VAGINAL BI-VALVE CUSCO'S GRAVES SMALL S/S	1EA	SPECULUM VAGINAL BI-VALVE CUSCOS/OREA VES MEDIUM S/S	1EA
FORCEPS SPONGE HOLDING. STRAIGHT 228MMH SEMKEN 200MM	1EA	FORCEPS ARTERY. STRAIGHT. PEAN 160MM	1EA
SOUND UTERINE SIMPSON 300MM GRADUATED UB 20MM	1E.A	SCISSORS OPERATING STRAIGHT 145MM BLUNT/BLUNT	1 Set
FORCEPS UTERINE TENACULUM DUPLAY DBL-CVD 280MM	1EA	FORCEPS UTERINE VULSELLUM CURVED MUSEUX 240MM	1EA
FORCEPS TISSUE - 100MM	1EA	SPECULUM VAGINAL DOUBLE ENDED SIME SIZE # 3	1E.A
ANTERIOR VAGINAL WALL RETRACTOR STAINLESS	1EA		

NORMAL DELIVERY KIT

KIT I

TROLLEY. DRESSING CARRIAGE SIZE 70 C. LONG X 40CM WIDE AND 84CM HIGH. REF IS: 4760/1968	1EA	MACINTOSH. OPERATION. PLASTIC	2EA
TOWEL. TROLLEY 84 CM X 54 CM	2EA	MASK. FACE. SURGEON'S) CAP OF REAR TIES; B) BERET TYPEWITH ELASTIC HEM	2EA
GOWN. OPERATION. COTTON	1EA	TOWEL. GLOVE	3EA
CAP. OPERATION. SURGEON'S 36 X 46 CM	2EA	COTTON WOOL ABSORBENT NON-STERILE 5000	2EA
GAUZE ABSORBENT NON-STERILE 200 MM X 6M. AS PER IS: 171/1985	2EA	DRUM. STERILIZING. CYLINDRICAL - 275 MM DIA X 132MM. S/S AS PER IS: 3831/1979	2EA
TRAY INSTRUMENT W/COVER 150MM(L) X 300MM(W) X 80MM(H)	1EA	TABLE INSTRUMENT ADJUSTABLE TYPE WITH TRAY. S/S	1Set

H CHC- EQUIPMENT FOR STANDARD SURGICAL SET III

S. No.	Item Description	Qnty	Unit
1.	Tray, instrument/dressing with cover 310 x 195 x 63mm.	1	EA
2.	Forceps, Backhaus towel 130mm, stainless steel	4	EA
3.	Forceps, Hemostat, straight Kelly, 140mm, stainless steel	4	EA
4.	Forceps, Hemostat, curved. Kelly, 125mm, stainless steel	2	EA
5.	Forceps, tissue Allis 150mm. stainless steel, 4 x5 teeth	2	EA
6.	Knife handle for minor surgery No. 3	1	EA
7.	Knife blade for minor surgery, size 11 pkt of 5	10	Pkt
8.	Needle hypodermic, Luer 22G x 11/4", box of 12	1	Box
9.	Needle hypodermic Luer 25OG x 3/4", box of 12	1	Box
10.	Needle, Suture straight 5.5cm triangular point, pkt of 6	2	Pkt
11.	Needle, suture, Mayo 1/2 circle, taper point No. 6 pkt of 6	2	Pkt
12.	Scissors, ligature, angled on flat 140mm. stainless steel	1	EA
13.	Syringe anaestbetic control. Luer - 5ml glass	4	EA
14.	Syringe 5ml, spare for item 13	4	EA
15.	Sterilizer, instrument 200 x 100 x 60 mm. with burner. SS	1	EA
16.	Syringe, hypodermic, Lure 5ml, glass	4	EA
17.	Forceps, sterilizer, cheatle 265mm, stainless steel	1	EA

J STANDARD SURGICAL SET- IV

S. No.	Item Description	Qnty	Unit
1.	Vaccum Extractor 'Malastrom	1	SET
2.	Forceps, obstetric, Wrigley's- 280mm, stainless steel	1	EA
3.	Forceps, obstetric, Barnes-Neville, with traction- 390mm	1	EA
4.	Forceps, sponge holding, straight 228mm, stainless steel	4	EA
5.	Forceps, artery, Spencer-Wells, straight, 180mm-SS	2	EA
6.	Forceps, artery, Spencer-Wells, straight, 140mm-SS	2	EA
7.	Holder, needle straight, Mayo-Hegar 175mm-SS	1	EA
8.	Scissors, ligature, Spencer 130mm- stainless steel	1	EA
9.	Scissors, episiotomy, angular, Braun 145mm, stainless steel	1	EA
10.	Forceps, tissue, spring-type, 1x2 teeth, 180mm-SS	1	EA
11.	Forceps, tissue, spring-type, serrated ups, 180mm-SS	1	EA
12.	Catheter, urethral, rubber, Foley's 14ER	1	EA
13.	Catheter, urethral, Nelaton, set of five (Fr 12-20) rubber	1	Set
14.	Forceps, Backhaus, towel- 130mm-SS	4	Set
15	Speculum, vaginal, Sim's, double-ended # 3-SS	1	EA
16.	Speculum, vaginal, Hamilton-Bailey	1	EA

K STANDARD SURGICAL SET-V

S. No.	Item Description	Qnty	Unit
1.	Forceps, obstetric, Neville-Barnes, W/traction 390mm	1	EA
2.	Hook, decapitation, Braun, 300mm, stainless steel	1	EA
3.	Hook & Crochet. obstetric, 300mm, Smellie, stainless steel	1	EA
4.	Bone, forceps, Mesnard 280mm, stainless steel	4	EA
5.	Perforator, Smellie, 250mm stainless	1	EA
6.	Forceps, cranial. Gouss, straight, 295mm-SS	1	EA
7.	Cranioclast, Braun, stainless steel, 365mm long	1	EA
8.	Scissors ligature Spencer 130mm, stainless steel	1	EA
9.	Forceps sponge holding, 22.5 cm straight.-SS	1	EA
10.	Forceps, tissue, spring-type, 1x2 teeth, 160mm stainless steel	1	EA
11.	Forceps, tissue, spring-type, serrated tips, 160mm-SS	1	EA
12.	Forceps, artery, spencer-wells. straight, 180mm-SS	2	EA
13.	Forceps, artery, spencer-wells. strarght, 140mm-SS	2	EA
14.	Forceps, scalp flap. Willet's 190mm.- SS	4	EA
15.	Forceps, Vulsellum, Duplay double curved, 280mm- SS	4	EA
16.	Forceps, Vulsellum, Duplay double curved, 240mm- SS	1	EA
17.	Catheter, urethral, 14Fr, Solid tip. one eye, soft rubber	3	EA
18.	Holder. needle, Mayo-Hegar, narrow jaw, straight, 175mm-SS	1	EA
19.	Speculum vaginal Bi-valve. Cusco-medium. stainless steel	1	EA
20.	Speculum, vaginal Sim's double-ended, size # 3- SS	1	EA
21.	Forceps, Backhaus, towel-130mm, stainless steel	4	EA

L STANDARD SURGICAL SET-VI

S. No.	Item Description	Qnty	Unit
1	Forceps, sponge holding, straight, 225mm, stainless steel	4	EA
2.	Speculum, vaginal, Sim's double-ended, size # 3 -SS	1	EA
3.	Speculum, vaginal, weighted Auvard, 38 x 75 mm blade- SS	1	EA
4.	Forceps, Tenaculum, Teale's 230mm-SS 3x4	2	EA
5.	Sound, uterine, Simmpson 300mm with 200mm graduations	1	EA
6.	Dilator, uterine, double-ended hegar, set of 5-SS	1	Set
7.	Curette, uterine, Sim's, blunt, 26cm x 11mm size # 4- SS	2	EA
8.	Curette, uterine, Sim's, sharp, 26cm x 9mm, size # 3- SS	2	EA
9.	Forceps, artery, Spencer-Well's straight 140mm- SS	1	EA
10.	Forceps, tissue, spring-type, serrated tips 160mm-SS	1	EA
11.	Forceps, ovum, Krantz, 290mm-stainless steel	1	EA

ANNEXURE VI (Contd.)

M EQUIPMENT FOR ANAESTHESIA

S. No.	Item Description	Qnty	Unit
1.	Facemask, plastic w/rubber cushion & headstrap, set of 4	4	Set
2.	Airway, Guedel or Berman, Autoclavable rubber, set of 6	2	Set
3.	Laryngoscope, set with infant, child, adolescent blades		Set
4.	Catheter, endotracheal w/cuff, rubber set of 4	3	Set
5.	Catheter, urethral, stainless steel, set of 8 in case	2	Set
6.	Forceps, catheter, Magill, adult and child sizes, set of 2	1	Set
7.	Connectors, catheter, straight/curved, 3, 4, 5mm (set of 6)	3	Set
8.	Cuffs for endotracheal catheters, spare for item 4	4	EA
9.	Breathing tubes, hoses, connectors for item 1, anti-static	4	Set
10.	Valve, inhaler, chrome-plated brass, Y-shape	3	EA
11.	Bag, breathing, self inflating, anti-static rubber, set of 4	2	Set
12.	Vaporiser, Halothane, dial setting	2	Set
13.	Vaporiser, ether or Methoxyflurane, wick type	2	EA
14.	Intravenous set, in box	6	EA
15.	Needle, spinal, stainless, set of 4	2	Set
16.	Syringe, anaesthetic, control, 5ml Luer mount glass	2	EA
17.	Cells for item 3	2	EA

ANNEXURE VI (Contd.)

N EQUIPMENT FOR NEO-NATAL RESUSCITATION

S. No.	Item Description	Qnty	Unit
1.	Catheter, mucus, rubber, open-ended tip, size 14 Fr	2	EA
2.	Catheter, nasal, rubber, open tip, funnel end, size 8Fr	2	EA
3.	Catheter, endo/tracheal, open-tip, funnel end, rubber, 12Fr	3	EA
4.	Stilette, curved, for stiffening tracheal catheter-SS	1	EA
5.	Catheter, suction, rubber, size 8Fr	3	EA
6.	Laryngoscope, infant, w/three blades and spare bulbs.	1	EA
7.	Lateral mask, with ventillatory bag, infant size	2	EA
8.	Resucitator, automatic, basinet type	1	EA
9.	Lamp, ultra-violet (heat source) with floor stand	1	EA
10.	Cells for item 6 (laryngoscope)	2	EA

O KIT-SIDE LABORATORY TEST & BLOOD TRANSFUSION

S. No.	Item Description	Qnty	Unit
1.	Rod, flint-glass, 1000x10mm dia, set of two	2	Set
2	Cylinder, measuring, graduated W/pouring lip, glass 50ml	2	EA
3.	Bottle, wash, polyethylene w/angled delivery tube- 250ml	1	EA
4.	Timer, clock, interval, spring wound, 60 minutes x 1 minute	1	EA
5.	Rack, slide drying nickel/silver, 30 slide capacity	1	EA
6.	Tray, staining, stainless steel 450 x 350 x 25mm	1	EA
7.	Chamber, counting, glass, double neubauer ruling	2	EA
8.	Pipette, serological glass, 0.05ml x 0.0125ml	6	EA
9.	Pipette, serological glass, 1.0ml x 0.1Cml	6	EA
10.	Counter, differential, blood cells, 6 unit	1	EA
11.	Centrifuge, micro-hematocrit, 6 tubes, 240v	1	EA
12.	Cover glass for counting chamber (item 7)- box of 12	1	Box
13.	Tube, capillary, heparinized, 75mm x 1.5mm, vial of 100	10	Vial
14.	Lamp, spirit w/Screw cap, metal 60ml	1	EA
15.	Lancet, blood (Hadgedorn needle) 75mm pack of 10- SS	10	Pkt
16.	Benedict's-reagent qualitative dry components for soln	1	Kit
17.	Pipette, measuring, glass, set of two sizes 10ml, 20ml.	2	Set
18.	Test-tube, w/o rim, heat resistant glass, 100 x 13mm	24	EA
19.	Clamp, test-tube, nickel-plated spring wire, standard type	3	EA
20	Beaker, HRG glass, low form, set of two sizes, 50ml, 150ml.	2	Set
21.	Rack, test-tube wooden with 12 x 22mm dia holes.	1	EA

P MATERIALS KIT- DONOR BLOOD FOR TRANSFUSION

S. No.	Item Description	Qnty	Unit
1.	Bovidne albumin 20% testing agent, box of 10 x 5ml vials	5	Box
2.	Centrifuge, angle head for 6 x 15ml tubes, 240 volt	1	EA
3.	Bath, water, serological, with racks, cover, thermostat, 240v	1	EA
4.	Pipette, volumetric, set of six 1ml/2ml/3ml/5ml/10ml/20ml	1	EA
5.	Test-tube without rim 75x 12mm HRG	12	EA
6.	Test-tube without rim 150 x 16mm, HRG	12	EA
7.	Cuff, sphygmomanometer, set of two sizes-Child/Adult	1	Set
8.	Needle, blood collection disposable, 17G x 1-1/3 box of 100	1	Box
9.	Ball, donor squeeze, rubber, dia, 60mm	1	EA
10.	Forceps, artery, spencer-wells, straight 140mm, stainless steel	1	EA
11.	Scissors, operating, straight 140mm, blunt/points, SS	1	EA
12.	CPDA anti-coagulent, pilot bottle 350ml for collection	20	EA
13.	Microscope, binocular, inclined, 10 x 40 x 100 x magnificant	1	EA
14.	Illuminator for item 14 (microscope)	1	EA
15.	Slides, microscope, plain 25 x 75mm, clinical, box of 100	1	Box

LIST OF RCH DRUGS AT PRIMARY HEALTH CENTRE
(Essential Obstetric Care Drugs)

S. No.	Name of the drug with specification	Annual qnty. required per P.H.C.
1.	Inj. Diazepam 2ml amp. 5mg//ml	50
2.	Inj. Lignocaine/Xylocaine 2%-30ml	10
3.	Inj. Pethidine 50 mg	10
4.	Inj. Pentazocine 30 mg	50
5.	Inj. Dexamethasone 2ml amp. 4 mg/ml.	100
6.	Inj. Promethazine 2ml amp. 25mg/ml	50
7.	Inj. Methyl Ergometerin 0.5mg/amp	150
8.	Inj. Etophyilline + Theophilline 2ml	100
9.	Inj. Aminophyline 50mg/10 ml	50
10.	Inj. Adrenalin 0.5mg/ml	50
11.	I.V. Fluid-Ringer Lactate	200
12.	Tablet Methyl Ergotamine/Methargine 0.125mg	500
13.	Tablet Diazepam 5mg	250
14.	Tablet Paracetemol 500mg	1000
15.	Tablet Cotrimaxazole	2000
16.	Tablet Nofloxacin 400mg	1000
17.	Cap. Ampicillin- 250mg	2000
18.	Cap. Doxycycline 100mg	500
19.	Tab. Metronidazole 200mg	2000
20.	Tab Salbutamol 2mg	1000
21.	Tab. Penicilin-V 125mg/130mg	5000
22.	Clotrimazole/Conestin 100mg Vaginal pessary	1000
23.	Gyne. CVP (Tab/Cap)	1000
24.	Inj. Vit. K	200
25.	Inj. Atropine 1ml. amp., 0.65mg/ml	50 amp
26.	Tablet Nalidixic Acid 500 mg	1000
27.	Dextrose, 5% I.V. Solution	50
28.	Normal Saline, 0.9% I.V Solution	100

LIST OF RCH DRUGS AT FIRST REFERRAL UNIT
(Emergency Obstetric Care Drugs)

S. No.	Name of the drug with specification	Annual qnty. required/FRU
I.	CRITICAL DRUGS	
	I (i) ANAESTHETICS/Preanesthetics	
1.	Halothane 50ml/per bottle	5 bottles
2.	Inj. Atropine- 0.6mg/ml	500
3.	Oxygen Cylinder bulk (M) type	2 with 24 fillings per year
4.	Inj. Thiopentone Sod. 500mg	100
5.	Inj. Bupercaine 0.5%, 25ml vial	50
6.	Inj. Xylocaine 58 amp.	50
7.	Inj. Xylocaine 2% 30ml	50
8.	Inj. Diazepam 2ml/amp, 5mg/ml	100
	I (ii) ANALGESIC	
9.	Inj. Pentazocine 30ml	100
	I (iii) ANTI ALLERGICS	
10.	Inj. Dexamethasone 8mg	100
11.	Inj. Promethazine	50
	I (iv) ANTI DIABETIC	
12.	Inj. Insulin (plain) 10ml vial, 40 IU/ml	10
13.	Inj. Lente Insulin	10
	I (v) ANTI HYPERTENSIVE/C.V. DRUGS	
14.	Cap. Nifedipine 10mg	500
15.	Inj. Mephentine 15mg	25
16.	Inj. Dopamine 20ml vial	25
	I (vi) ANTIBIOTICS	
17.	Inj. Ampicilin 250mg	1000
18.	Inj. Gentamycine 8mg	1000
19.	Cap. Ampicilin 250mg	2000
20.	Tab. Norfloxacin 400mg	2000

ANNEXURE VIII (Contd.)

S No.	Name of the drug with specification	Annual qnty. required/FRU
21.	Cap. Doxycycline 100mg	1000
22.	Tab. Metronidazole 200mg	2000
	I (vii) DIURETIC	
23.	Inj. Frusomide 40mg/ml, 1ml amp	100
	I (viii) I.V. FLUIDS	
24.	Normal Saline 0.9% 540ml	1000
25.	Ringers Lactate 500ml	1000
26.	Inj. Sod. Bicarbonate	1000
27.	Inj. Dextrose 5%	250 bottles
28.	Haemaceel 500ml	25
	I (ix) OXYTOCICS	
29	Inj. Ergometrine 0.5mg/ml	500
30.	Inj. Oxytocine 10.14/ml	500
	I (x) DISPOSABLES	
31.	I.V. Infusion Sets	100
32.	Intracath Cannula, No. 18, 20 & 22 (No. 50, 30, 20 Resp.)	100
33.	Syringes & needles	Syringes & Needles
	5ml	2000 & 100
	10ml	500 & 500
	20ml	100 & 2000
34.	Gloves size 7 & 8	3000. & (1500) each size)
	I (xi) OTHERS	
35.	Inj. Deriphylline	100
36.	Inj. Hydrocortisone 100mg/vial	100
37.	Tab. Salbutamol 2mg	1000
38.	Inj. Adrenalin	100

ANNEXURE VIII (Contd.)

S. No.	Name of the drug with specification	Annual qnty. required/FRU
II	**ESSENTIAL DRUGS**	
	II (i) ANAESTHETICS/Preanesthetics	
39.	Nitrous Oxide	2 cylinder with 10 refillings/year
40.	Inj. Scoline 50mg/ml (Suxamethonium)	30
41.	Inj. Ketamine 10ml vial, 10mg/ml.	50
42.	Tab. Diazepam 5mg	250
43.	Inj. Vecuronium 4mg/amp	500
44.	Inj. Paneuronium 4mg/amp	500
45.	Inj. Prostigmine 0.5mg/amp	1000
46.	Salbutamol inhaler	20
	II (ii) ANALGESICS	
47.	Inj. Pethidine, 50mg/ml, 1ml Amp.	100
	II (iii) CARDIO VASCULAR SYSTEM (C.V.S.)	
48.	Tab. Frusmide 40mg.	500
49.	Tab. Digoxin 0.25mg.	500
50.	Inj. Digoxin 50ml.	50
51.	Tab. Methyldopa, 250mg.	50
	II (iv) ANTIBIOTICS	
52.	Inj. Benzyl Pencillin	2000
53.	Inj. Procaine Pencillin 4 lakh units	1000
54.	Inj. Benzathine Penicillin	100
55.	Tab. Cotrimoxozole	5000
56.	Tab. Penicillin V 125mg	5000
	II (v) OTHERS	
57.	Tab. Ergometrine 0.125mg	2000
58.	Tab. Nalixic Acid 500mg.	3000
59.	Inj. Cloxacillin 250mg.	100
60.	Inj. Chloroquine 5ml.	50

ANNEXURE IX

LIST OF NEWBORN CARE EQUIPMENT TO BE SUPPLIED TO HEALTH INSTITUTIONS

S. No.	Equipment	PHC	FRU	District Hospital
		No	No	No
1.	Infant resuscitation bag with mask (capacity 700ml with safery valve set to 70cm of water)	1	2	3
2.	Weighing machine (Pan type 0-10 kg with 50gm sensitivity)	1	2	3
3.	Paddle operated suction machine	1	2	3
4.	Mounted lamp with 200 w bulb (warming device)	1	-	-
5.	Radiant warmer (manually operated with adjustable heat output). Operates at 180-220 volts. Surface on which baby is placed is tiltable to facilitate resuscitation.	-	2	- 1
6.	Phototherapy Unit	-	1	1
7.	Oxygen hood	-	1	2
8.	Baby bassinet	1	2	1
9.	Neonatal laryngoscope	-	-	2
10.	Endotracheal tubes	-	-	100

ANNEXURE X

LIST OF CONSUMABLE ITEMS FOR RTI/STI LABORATORY DIAGNOSIS FOR F.R.U.

S. No.	Item with specifications	Quantity Per F.R.U.
1	Microscopic slides & cover slips	50 boxes, each with 100 slides (5000 slides and 5000 cover slips)
2.	Pipette graduated (1 ml.- glass)	10
3.	VDRL slides	10
4.	Petri Dish (glass - 90mm)	10
5	VDRL Antigen vial including diluent	50 vials
6	Sterlised Disposable Syringes (5ml)	2000
7.	Disposable needles	
	size 21 awg	1000
	size 22 awg	2000
	size 23 awg	1000
8.	Disposable glove (size 7)	300
0.	Test Tubes (glass, 15mm x 125mm)	60 dozens (720 tubes)
10	Gram stain re-agents (ready)	
	a) Gention violet (100 ml. bottle)	5 bottles
	b) Grama iodine (100 ml. bottle)	5 bottles
	c) Actone (100 ml. bottle)	5 bottles
	d) Safranin (100 ml. bottle)	5 bottles
11.	KOH Crystals	50gm.
12.	Distilled water	1 ltr. bottle